



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 31, 2008

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Falls, 5925 Adams Street requesting a class I liquor license.

This location will be a wedding reception and social hall.

Bryan Gilliland has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Bryan Gilliland was born in McCook, Nebraska. He attended Northeast High School graduating in 1995.

Mr. Gilliland served in the United States Armed Forces 1998 – 2002 receiving an honorable discharge.

Bryan Gilliland employment history is as follows:

2002 - Present                      Supervisor, Executive Protection                      Lincoln, NE.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



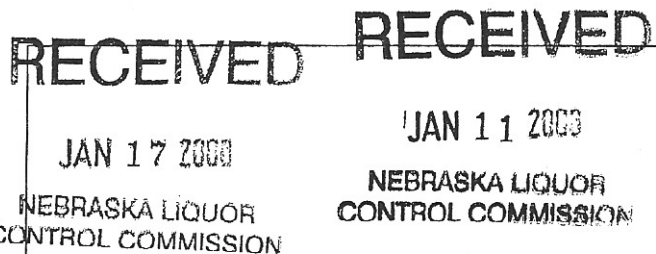
A nationally accredited law enforcement agency



Stockholder information has been included for your review.

**APPLICATION FOR LIQUOR LICENSE**

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS(S)****RETAIL LICENSE(S)**

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | BEER, ON SALE ONLY                            | \$45.00 |
| <input type="checkbox"/>            | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input type="checkbox"/>            | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/>            | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00.

**MISCELLANEOUS**

- |                          |   |                          |                        |                       |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | O | Boat                     | \$ 95.00               |                       |
| <input type="checkbox"/> | V | Manufacturer             | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer           | \$545.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | X | Wholesale Liquor         | \$795.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | Y | Farm Winery              | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | Z | Micro Distillery         | \$295.00               | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License (requires insert form 1)       |
| <input type="checkbox"/>            | Partnership License (requires insert form 2)      |
| <input type="checkbox"/>            | Corporate License (requires insert form 3a & 3c)  |
| <input checked="" type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

**NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION**

(commission will call this person with any questions we may have on this application)

Name Andrew M. Loudon

Phone number: 475-1075

Firm Name Baylor, Evnen, Curtiss, Grimmit & Witt, LLP

**PREMISE INFORMATION**

Trade Name (doing business as) The Falls

Street Address #1 5925 Adams

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68507

Premise Telephone number \_\_\_\_\_

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name Andrew M. Loudon, Baylor, Evnen, Curtiss, Gemit & Witt, LLP

Street Address

#1 1248 "O" Street, Suite 600

Street Address

#2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68508

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

Entire center area approx 95' X 136'  
(includes reception area 1, reception  
area 2, hallway, bathrooms and  
storage areas)

within onestory bldg approx  
230' x 140'

see attached sketches

Area to be licensed is shaded and falls within enclosed building. Only this area can apply for licensing due to parking restrictions per zoning.

Kitchen falls outside of reception/licensed area, but applicant knows there is to be NO liquor in this area.

Also, applicant has revised plan to store liquor in built in storage area within Reception Hall #2.

RECEIVED

Reception Area #1 is 57.5' x 40'; 2300 square feet

JAN 23 2008

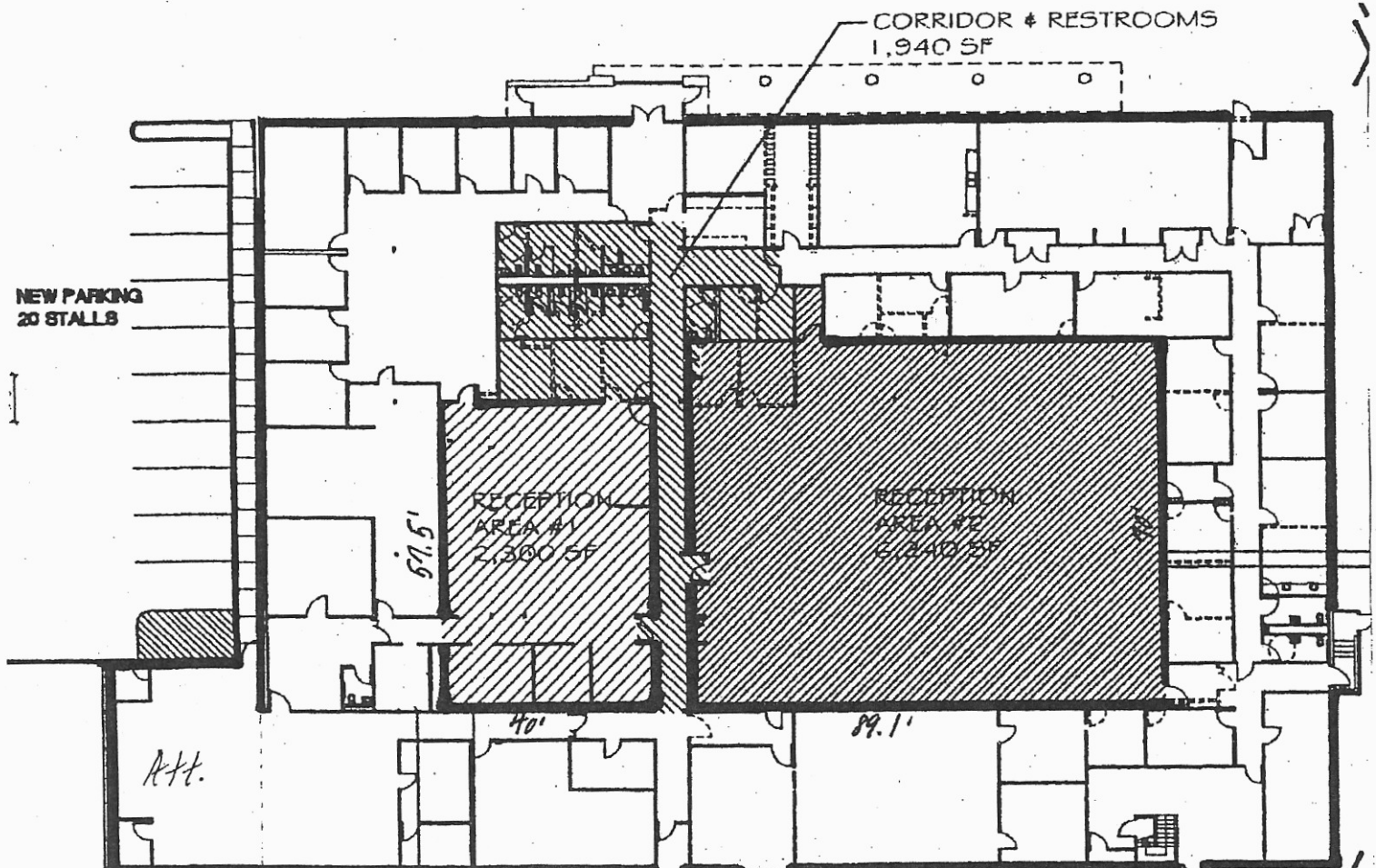
Reception Area #2 is 89.1' x 70'; 6240 square feet

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corridor and Restroom Area: 1940 square feet

*(dimensions attached)*

Total Building: 29,260 square feet



Building: 200' x 140'; 28,000  
+ Att. : 30' x 42'; 1,260  
29,260 sq ft



RECEIVED

JAN 23 2000

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corridor and Restroom Area:

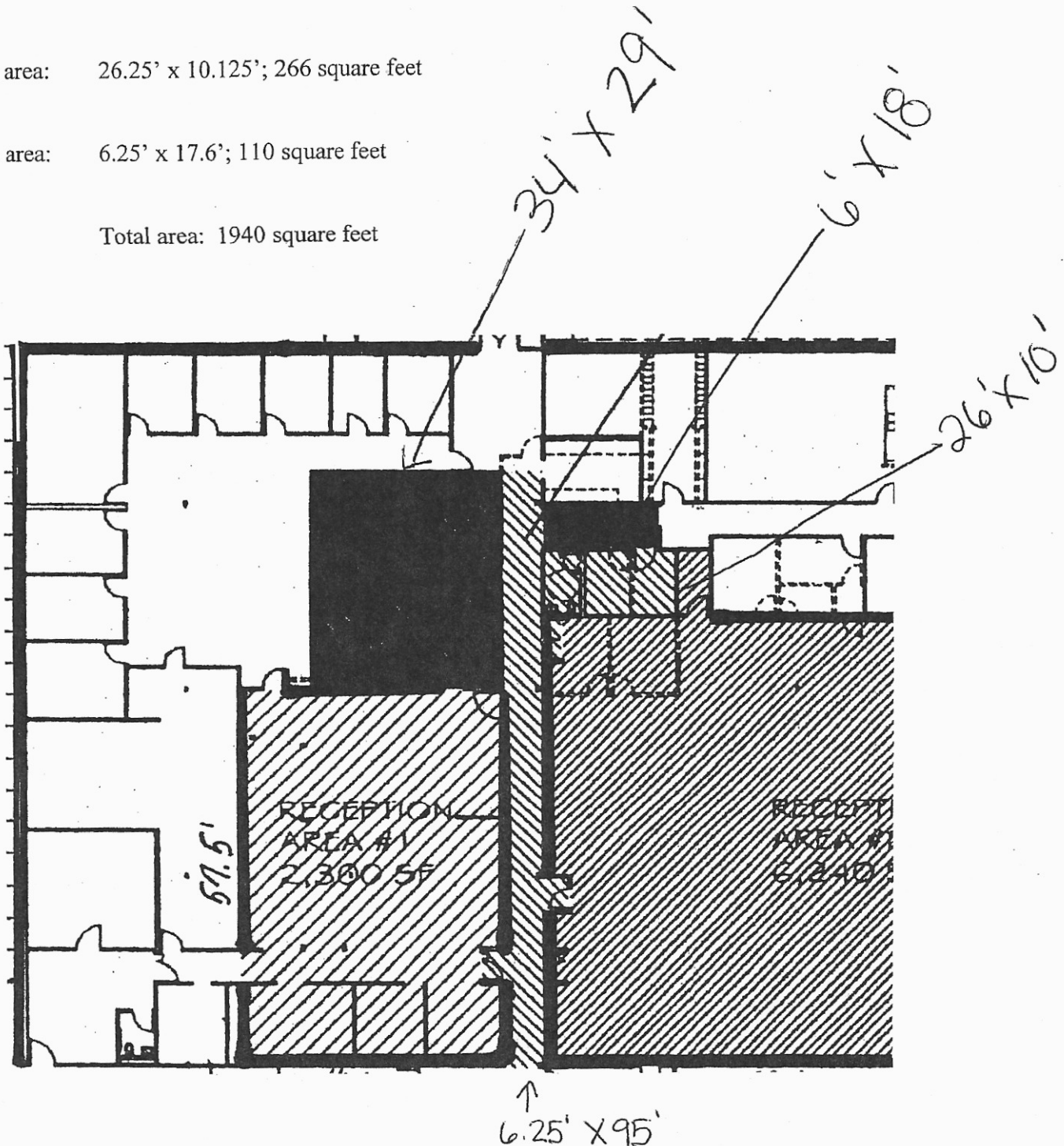
Green area: 33.75' x 28.75'; 970 square feet

Yellow area: 6.25' x 95'; 594 square feet

Pink area: 26.25' x 10.125'; 266 square feet

Blue area: 6.25' x 17.6'; 110 square feet

Total area: 1940 square feet



## APPLICANT INFORMATION

### READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

---

---

---

---

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. \_\_\_\_\_

**No silent partners**

If yes, list such items and the owner.

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank & Trust Company; Millie Becker, Clifford Becker, Bryan Gilliland

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.  
None

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Bryan Gilliland, approximately 20 hours/week

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. none Needs training

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date \_\_\_\_\_  
☒ Deed  
☐ Purchase Agreement

15. When do you intend to open for business? March 1, 2008

16. What will be the main nature of business? Reception Hall

17. What are the anticipated hours of operation? 7-11pm or later as requested

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Bryan Gilliland			N/A		
Lincoln, Nebraska	1/02	1/08			
Norfolk, Virginia	1/98	1/02			
Lincoln, Nebraska	1/88	1/98			

Mildred Becker

Lincoln, Nebraska 1/88 1/08

Clifford Becker

Lincoln, Nebraska 1/88 1/08

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Mildred M. Becker  
Signature of Applicant

Clifford D. Becker  
Signature of Spouse

Clifford D. Becker  
Signature of Applicant

Mildred M. Becker  
Signature of Spouse

[Signature]  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this January 7, 2008 by

Mildred M. Becker

Melissa K. Stanton

Notary Public signature

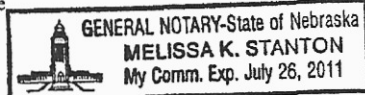
The foregoing instrument was acknowledged before me this January 7, 2008 by

Clifford D. Becker

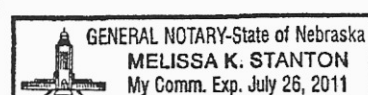
Melissa K. Stanton

Notary Public signature

Affix Seal Here



Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

RECEIVED

JAN 11 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

State of Nebraska

County of Lancaster

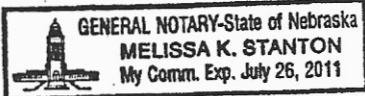
The foregoing instrument was acknowledged before  
me this January 7, 2008 by

Clifford D. Becker

Melissa K. Stanton

Notary Public signature

Affix Seal Here



County of Lancaster

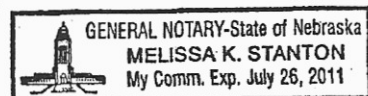
The foregoing instrument was acknowledged before  
me this January 7, 2008 by

Mildred H. Becker

Melissa K. Stanton

Notary Public signature

Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

State of Nebraska

County of Lancaster

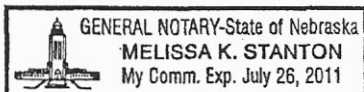
The foregoing instrument was acknowledged before  
me this January 7, 2008 by

Bryan Gilliland

Melissa K. Stanton

Notary Public signature

Affix Seal Here



County of \_\_\_\_\_

The foregoing instrument was acknowledged before  
me this \_\_\_\_\_ by

\_\_\_\_\_

Notary Public signature

Affix Seal Here

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.



**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use
<b>RECEIVED</b>
<b>RECEIVED</b>
JAN 17 2008
JAN 11 2008
NEBRASKA LIQUOR CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Millie Becker

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

The Falls, LLC, a Nebraska limited liability company

LLC Address: 5925 Adams

City: Lincoln State: NE Zip Code: 68507

LLC Phone Number: 402.304.6830 Fax Number \_\_\_\_\_

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Becker First Name: Mildred MI: M.

Home Address: 5717 Baldwin Avenue City: Lincoln

State: NE Zip Code: 68507 Home Phone Number: 402.304.6830

Mildred M. Becker

Signature of Contact Member

State of Nebraska  
County of Lancaster

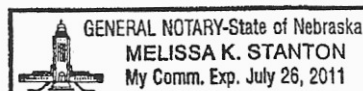
The foregoing instrument was acknowledged before me this

January 7<sup>th</sup>, 2008  
date

by Mildred M. Becker  
name of person acknowledged

Melissa K. Stanton  
Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Becker First Name: Mildred MI: M.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Clifford D. Becker

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Becker First Name: Clifford Becker MI: D.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Mildred M. Becker

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name:

First Name:

MI:

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

---

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January

Ending Date: December

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

---

## STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

12/07/2007

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

RECEIVED

JAN 11 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

Form 241  
1. PLACE OF BIRTH  
County Franklin  
Township 7  
City \_\_\_\_\_ Street \_\_\_\_\_

State of Nebraska  
Department of Public Welfare  
BUREAU OF HEALTH-DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF BIRTH**  
J-525  
Do not write in this space  
**(12915)**  
[If birth occurred in a hospital or institution give its NAME instead of street and number.]

2. FULL NAME OF CHILD Mildred Marie

3. Sex Female 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature Full term 7. Legitimate? yes 8. Date birth August, day, year

9. Full name Arthur Leo Johnson 10. Post Office Moorefield, Neb 11. Color or race white 12. Age at last birthday 70 (Years)

13. Birthplace (city or place) Campbell (State or country) Nebraska 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 16. Date (mo. and yr.) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Full maiden name Alma Lee Ewing 19. Post Office Moorefield, Neb 20. Color or race white 21. Age at last birthday 74 (Years)

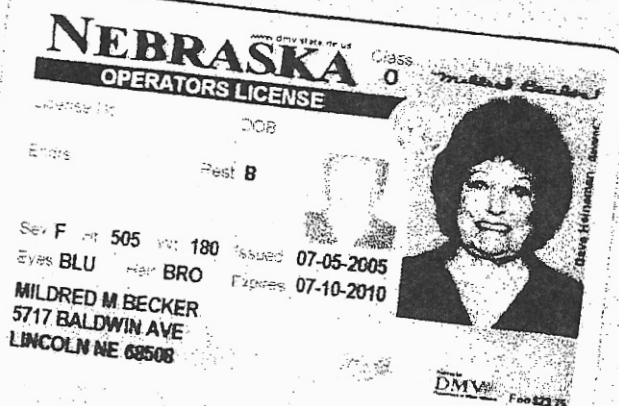
22. Birthplace (city or place) Franklin (State or country) Nebraska 23. Trade, profession, or particular kind of work done, as homemaker, typist, nurse, clerk, etc. Homemaker 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_ 25. Date (mo. and yr.) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 2

28. If stillborn, period of gestation \_\_\_\_\_ {months} \_\_\_\_\_ {weeks} 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN\***  
I hereby certify that I attended the birth of this child, who was Born alive at 5:50 PM.  
(Born alive) (Stillborn)  
Signature Dr. H. Magill M. D.  
Address Lincoln, Nebraska

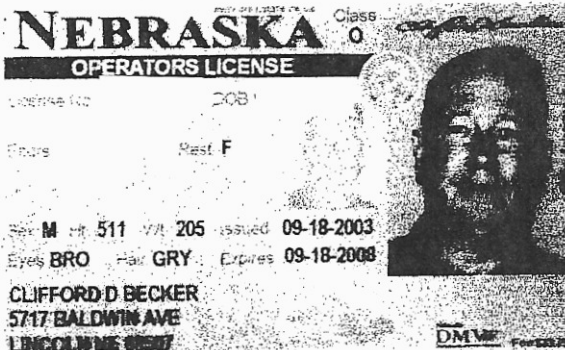
**STATE LAW**  
Was silver solution instilled in each eye? yes  
Filed with local registrar Aug 3 2008 Date L. D. Bobbio Registrar.



RECEIVED

JAN 11 2003

NEBRASKA LIQUOR  
CONTROL COMMISSION



WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JUL 24 2000  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

Form 241		STATE OF NEBRASKA DEPARTMENT OF HEALTH Division of Vital Statistics		Do not write in this space <b>F15791</b>	
<b>1. PLACE OF BIRTH</b>					
County <u>Lancaster</u>					
Township _____					
City <u>Emerald</u>		Street _____		If birth occurred in a hospital or institution give its NAME instead of street and number.	
<b>2. FULL NAME OF CHILD</b> <u>Clifford Dale Becker</u>					
3. Sex <u>male</u>	If Plural Births _____	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate <u>yes</u>
9. Full Name <u>FATHER</u> <u>Carl N. Becker</u>		18. Full maiden name <u>MOTHER</u> <u>Hilda Ahrens</u>			
10. Post Office <u>Emerald, Nebr.</u>		19. Post Office <u>Emerald, Nebr.</u>			
11. Color or race <u>White</u>	12. Age at last birthday <u>24</u> (Years)	20. Color or race <u>White</u>		21. Age at last birthday <u>25</u> (Years)	
13. Birthplace (city or place) <u>Emerald, Nebr.</u> (State or country)		22. Birthplace (city or place) <u>Garland, Nebr.</u> (State or country)			
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>			
15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>OWN farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>OWN home</u>			
16. Date (Mo. and Yr.) last engaged in this work <u>9 18</u>	17. Total time (years) spent in this work <u>24 yrs</u>	25. Date (Mo. and Yr.) last engaged in this work <u>9 18</u>		26. Total time (years) spent in the work <u>2 yrs</u>	
27. Number of children of this mother (at time of this birth) and including this child. (a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>0</u>		(c) Stillborn <u>0</u>	
28. If stillborn, period of gestation _____ months or weeks		29. Cause of stillbirth _____		Before labor _____ During labor _____	
<b>CERTIFICATE OF ATTENDING PHYSICIAN*</b>					
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8:00</u> A.M. on the date above stated. (Born alive) (Stillborn)					
*When no physician is in attendance certificate shall be completed and signed by the parent or other person present.					
Signature <u>W. Becker</u> M. D.					
Address <u>526 Sharp Bldg.</u>					
M. F. ARNHOLT					
Filed with local registrar _____ Date _____ Registrar _____					
15. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>OWN farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>OWN home</u>			



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

RECEIVED

JAN 17 2000

NEBRASKA LIQUOR  
CONTROL COMMISSION

RECEIVED

JAN 11 2000

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC Information**

Name of Corporation/LLC: The Falls, LLC, a Nebraska limited liability company

**Premise Information**

Premise License Number: \_\_\_\_\_

Premise Trade Name/DBA: The Falls

Premise Street Address: 5925 Adams

City: Lincoln State: Nebraska Zip Code: 68507

Premise Phone Number: 402.304.6830

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

*Mildred M. Becker*

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Gilliland First Name: Bryan MI: \_\_\_\_\_

Home Address (include PO Box if applicable): 5804 Cleveland Avenue

City: Lincoln State: Nebraska Zip Code: 68507

Home Phone Number: 402.304.6830 Business Phone Number: 402.304.6830

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: McCook, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information:

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Lincoln, Nebraska		1/02 1/08			
Norfolk, Virginia		1/98 1/02			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
10/02	1/08	Executive Protection Security	Michelle Flodman	476-7907
1/98	1/02	United States Navy		

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

Enclosed

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this January 7, 2008 by

Bryan Gilliland

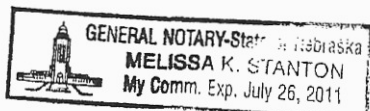
Melissa K. Stanton

Notary Public signature

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

Notary Public signature

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 5/2007

RECEIVED

JAN 11 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

**NEBRASKA** www.dmv.state.ne.us Class  
**OPERATORS LICENSE** **0**

License No. DOB  
MT

Endrs Rest

Sex **M** Ht **510** Wt **230** Issued **04-25-2007**  
Eyes **BRO** Hair **BRO** Expires **04-12-2012**

**BRYAN W. GILLULAND**  
**FRANK B. GILLULAND**

DMV - Nebraska



RECEIVED

RECEIVED

JAN 17 2003

JAN 11 2003

REV 1-88

TRIPPLICATE - to be  
given to the child's parentSTATE OF NEBRASKA - DEPARTMENT OF HEALTH  
Bureau of Vital StatisticsNEBRASKA LIQUOR  
CONTROL COMMISSIONNEBRASKA LIQUOR  
CONTROL COMMISSION

## CERTIFICATE OF LIVE BIRTH

TYPE OR PRINT IN  
PERMANENT INK

CHILD - NAME FIRST MIDDLE LAST <b>Bryan James Gilliland</b>			DATE OF BIRTH (MONTH, DAY, YEAR) <b>12/15/2001</b>		TIME <b>2:23A</b>
SEX <b>Male</b>	THIS BIRTH - SINGLE, TWIN, TRIPLE, ETC. <b>Single</b>	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) <b>1</b>		COUNTY OF BIRTH <b>Red Willow</b>	
CITY, TOWN, OR LOCATION OF BIRTH <b>McCool</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>	HOSPITAL - NAME <b>Community Hospital</b>		
MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Debra Sue Miller</b>			AGE, LAST TIME OF THIS BIRTH <b>24</b>	STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) <b>Nebraska</b>	
RESIDENCE - STATE <b>Nebraska</b>	COUNTY <b>Hitchcock</b>	CITY, TOWN, OR LOCATION, ZIP CODE <b>Colbertson 69024</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>No</b>	STREET AND NUMBER <b>House 3</b>
FATHER - NAME FIRST MIDDLE LAST <b>Douglas Wayne Gilliland</b>			AGE, LAST TIME OF THIS BIRTH <b>25</b>	STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) <b>Nebraska</b>	
INFORMANT - NAME OR SIGNATURE <b>Douglas Wayne Gilliland</b>			RELATION TO CHILD <b>Father</b>		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) <b>12/15/2001</b>		ATTENDANT (M.D., P.O., OTHER) <b>M.D.</b>
SIGNATURE <b>[Signature]</b>			MAILING ADDRESS <b>315 West 7th Street McCook, NE 69001</b>		
CERTIFIER - NAME <b>J. S. Carano M.D.</b>			DATE RECEIVED BY LOCAL REGISTRAR <b>12/15/2001</b>		
REGISTRAR - SIGNATURE <b>[Signature]</b>					

6042001

JAN 17 2001

Inst # 2007054492 Fri Nov 02 15:32:40 CDT 2007  
Filing Fee: \$3163.00 Stamp Tax: \$3150.00 opotsc  
Lancaster County, NE Assessor/Registrar of Deeds Office WOED  
Page 1

NEBRASKA LIQUOR  
CONTROL COMMISSION

RECEIVED

JAN 11 2003

NEBRASKA LIQUOR  
CONTROL COMMISSION

## PARTNERSHIP WARRANTY DEED

Stettinger Enterprises, Ltd., a Nebraska Limited Partnership, GRANTOR, in consideration One Dollar and other valuable consideration received from GRANTEE, **The Falls, L.L.C., a Nebraska limited liability company**, conveys to GRANTEE, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

**Lots One (1) through Sixteen (16), inclusive, together with the vacated alley abutting thereon, Block Thirty (30), University Place, Lincoln, Lancaster County, Nebraska.**

**GRANTOR** covenants (jointly and severally, if more than one) with **GRANTEE** that **GRANTOR**:

- (1) is lawfully seized of such real estate and that it is free from encumbrances, except any easements and restrictions now of record;
- (2) has legal power and lawful authority to convey the same;
- (3) warrants and will defend title to the real estate against the lawful claims of all persons.

Executed on this 31st day of October, 2007.

**GRANTOR**

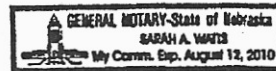
**Stettinger Enterprises, Ltd., a Nebraska Limited Partnership**

By: Phillip R. Stettinger, General Partner

State of Nebraska )  
 )ss  
County of Lancaster )

The foregoing instrument was acknowledged before me on this 31st day of October, 2007 by Phillip R. Stettinger, General Partner of Stettinger Enterprises, Ltd., a Nebraska Limited Partnership, on behalf of the partnership.

Notary Public



NTC file 6042001

#13.00

Page 1

RECEIVED

JAN 17 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

RECEIVED

JAN 11 2008

NEBRASKA LIQUOR  
CONTROL COMMISSIONARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

Name of Limited Liability Company: The Falls, L.L.C.

Period of Duration: Perpetual

Purpose for which the limited liability company is organized: Wedding reception hall and wedding plaza

Principal place of business in Nebraska: 5925 Adams, Lincoln, NE 68507

Name and address of registered agent in Nebraska:

Registered Agent Name: Millie Becker

Address: 5717 Baldwin Avenue, Lincoln, NE 68507

The total amount of cash contributed to stated capital of the L.L.C.: \$2,400.00

Description and agreed value of property other than cash contributed to stated capital:  
Commercial building valued at \$1,400,000.00

Total additional contributions agreed to be made by all members and the times at which, or events upon the happening of which such contributions shall be made: None

Members ☐ shall or ☒ shall not have the right to admit additional members.

If additional members are allowed the terms and conditions of admission:

The company will be managed by ☐ managers or ☒ members. The name and address of the managers or, if the management is reserved to the members, the name and address of the members: Millie and Clifford Becker, 5717 Baldwin Avenue, Lincoln, NE 68507

Any other provisions, not inconsistent with law, which the members elect to set out in the articles of organization for the limited liability company: None

Only one signature is required, additional persons may sign:

<u>Millie Becker</u>	_____
Signature	Signature
<u>Millie Becker</u>	_____
Printed Name	Printed Name